24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Voter Education	C C00574681
Check if X 24-hour report 48-hour report New report Amends report filed on	
	e of Public Distribution/Dissemination
RFP Services, LLC	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 615 S Dupont Highway Amo	punt
City State Zip Code	20000.00
Date	nsaction ID : SE.43244 e of Disbursement or Obligation
Purpose of Expenditure Phone banks Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office Sough	ght: House District:
HILLARY RODHAM CLINTON	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2016	ent For: Primary
Full Name of Payee Date	e of Public Distribution/Dissemination
Ma Trans Address	, , , , , , , , , , , , , , , , , , , ,
Mailing Address Amo	punt
City State Zip Code	
Date	e of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office Sough	ght: House District:
Oppose Presi	ident Senate State:
Calendar Year-To-Date Per Election for Office Sought	ent For:
	Curier (specify) P
(a) SUBTOTAL of Itemized Independent Expenditures	20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	20000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ann Mattson [Electronically Filed] Date 08	04 2016
Signature	